

**INDIANA TOBACCO USE PREVENTION AND CESSATION
EXECUTIVE BOARD RESOLUTION 2006-2
HOLDING MEETINGS IN SMOKE FREE CITIES
August 24, 2006**

Whereas, in 2006, the United States Surgeon General concluded that there is no risk-free level of exposure to secondhand smoke and that eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke¹; and

Whereas, secondhand smoke is the third leading cause of preventable death in this country and kills 50,000 Americans every year²; and

Whereas, the United States Environmental Protection Agency (EPA) has classified secondhand smoke as a Group A carcinogen³; and

Whereas, in 1986, the United States Surgeon General concluded that simple separation of smoker and nonsmoker within the same air space, does not eliminate exposure of nonsmokers to secondhand smoke⁴; and

Whereas in 1992, the EPA reported that secondhand smoke annually causes 8,000 – 26,000 new cases of asthma, 200,000 pediatric asthma attacks, and 150,000- 300,000 cases annually of lower respiratory tract infections in children up to 18 months old⁵; and

Whereas, in 1997, the National Cancer Institute estimated that exposure to secondhand smoke resulted in more than 10,000 annual cases of low birth weight and more than 2,000 cases of sudden infant death syndrome⁶; and

Whereas, in 2002, the U.S. Public Health Service's National Toxicology Program issued its 10th Report on Carcinogens, stating secondhand smoke is a known human carcinogen, which indicates that there is a cause and effect relationship between exposure and human cancer incidence⁷; and

Whereas, in 2002, the International Agency for Research on Cancer (IARC) stated that “epidemiological studies have demonstrated that exposure to secondhand tobacco

¹ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

² U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

³ U.S. Environmental Protection Agency (1989). Indoor Air Facts: Environmental Tobacco Smoke; Centers for Disease Control and Prevention.

⁴ The Health Consequences of Involuntary Smoking: 1986 Surgeon General Report (1986), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Rockville, MD 20857.

⁵ U.S. Environmental Protection Agency. Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders. EPA/600/6-90/006B, 1992.

⁶ National Cancer Institute. [Health Effects of Exposure to Environment Tobacco Smoke. Smoking and Tobacco Control Monograph No. 10](#) Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 1999. NIH Pub. No. 99-4645.

⁷ U.S. Public Health Service's National Toxicology Program. Tenth Report on Carcinogens. Research Triangle Park, NC: U.S. Department of Health and Human Services, Public Health Service, National Toxicology Program, December 2002.

smoke is causally associated with coronary heart disease” and estimated that “involuntary smoking increase the risk of an acute coronary heart disease event by 25-35%”⁸; and

Whereas, in 2005, the California Air Resources Board reported a causal link between secondhand smoke exposure and pre-term delivery; asthma induction in adults; breast cancer in younger, primarily premenopausal women; and altered vascular properties⁹; and

Whereas, the Centers for Disease Control and Prevention (CDC) has determined that the risk of acute myocardial infarction and coronary heart disease associated with exposure to tobacco smoke is nonlinear at low doses and increases rapidly as doses such as those received from secondhand smoke, and has warned persons with an increased risk of coronary heart disease or known coronary artery disease to avoid indoor environments that permit smoking¹⁰; and

Whereas, smoke-filled workplaces result in higher rates of worker absenteeism due to respiratory disease, as well as in lower employee productivity, increased health insurance rates, and an increase in liability claims for diseases related to exposure to secondhand smoke¹¹; and

Whereas, the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), the international body that sets the standard for indoor air quality states that ventilation cannot eliminate the health dangers posed by secondhand smoke and that the only way to effectively eliminate health risk associated with indoor exposure to tobacco smoke is to prohibit smoking activity¹²; and

Whereas, the National Cancer Institute, American Public Health Association, Americans for Nonsmokers' Rights, Centers for Disease Control and Prevention's Office on Smoking and Health, Foundation for a Smokefree America, National Association of Local Boards of Health (NALBOH), National Conference on Tobacco or Health, and the Robert Wood Johnson Foundation -Tobacco Policy Change Collaborative and other national organizations have passed a policy requiring all organization meetings be held in smoke free cities; and

⁸ International Agency for Research on Cancer, Volume 83: Tobacco Smoke and Involuntary Smoking Summary of Data Reported and Evaluation, June 2002.

⁹ California Air Resources Board (ARB) Scientific Review Panel (SRP) “*Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant - June 24, 2005.*”

¹⁰ Pechacek and Babb. “Commentary: How acute and reversible are the cardiovascular risks of secondhand smoke?” *BMJ*, Vol 328. April 2004.

¹¹ Berman K. “Firms hope smoking bans will trim health costs”. *Business Insurance*. October 12, 1987;21(41):16-17; ¹¹ Halpern MT et al. “Impact of smoking status on workplace absenteeism and productivity”. *Tobacco Control* 10(3): 233-38, September 2001.; Musich S, Napier D, Edington DW. “The association of health risks with workers' compensation costs”. *Journal of Occupational and Environmental Medicine*. 43(6): 534-41, June 2001; July 2001, *Journal of Occupational and Environmental Medicine*; Study of over 3000 Xerox corp. employees; Kristein MM. American Health Foundation. “How much can business expect to profit from smoking cessation?” *Preventive Medicine* 1983; 12:358-381.; Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs --- United States, 1995-1999, US Public Health Service, Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly*, April 12, 2002 / 51(14);300-3

¹² American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE). Environmental Tobacco Smoke Position Document, 2005 Conference, ASHRAE Board of Directors.

Whereas, 25 Indiana communities have passed local smoke free air laws to protect people against the harmful effects of secondhand smoke; 17 of these laws follow the Surgeon General's guidelines stated in the 2006 report, and

Whereas, it is consistent with the policy of the Indiana Tobacco Prevention and Cessation Executive Board to strongly favor policies and laws that limit exposure to secondhand smoke; and

Whereas, cities that have adopted smoke free air laws should be rewarded with increased convention and tourism business; and

Whereas, Indiana Tobacco Prevention and Cessation Executive Board should use its market clout and expend its financial resources in cities that have adopted a smoke free air law;

Now, therefore be it resolved that Indiana Tobacco Prevention and Cessation Executive Board hold all meetings only in smoke free cities, and instructs staff to hold all state and regional meetings in smoke free cities; and

Be it further resolved that if no smoke free city exists or can accommodate a meeting, Indiana Tobacco Prevention and Cessation Executive Board will hold and attend meetings only in 100% smoke free meeting facilities;

And be it further resolved that ITPC funded grantee be encouraged to promote and adopt similar resolutions;

And be it further resolved that Indiana Tobacco Prevention and Cessation Executive Board strongly encourages other state agencies and organizations to adopt similar resolutions.

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